

# Of strawberries and cabbages

*Inside knowledge is essential to meet the information needs of today's drug users*

NOT TOO MANY years ago talking about drugs in drug services was frowned on. The logic was that drug services exist solely to help people who want to get off drugs, a process that would be hindered by allowing them to talk about drugs. Instead we talked about solutions to problems. Drug workers, it was argued, need know nothing at all about drugs; what they did need were interpersonal skills (such as counselling) which could be deployed regardless of the particular drug involved.

The underlying logic was that drug problems are always symptomatic of deeper individual or social pathologies, so the task was to forget the drugs and get down to these 'real' problems by mixing and matching any number of psychotherapeutic techniques.

When community drug services were expanded in the early to mid 1980s, workers visited specialist drug services such as therapeutic communities. Via this route useful but very specialist therapeutic approaches designed to deal with serious pathologies were absorbed into the day to day work of community services.

## **Information gap**

New drug workers who wanted to talk about drugs with drug users were discouraged from such voyeuristic activities. Special suspicion was reserved for drug researchers who wanted to interview clients about drugs. It was perfectly possible for someone to pursue a lengthy career in drugs work without ever knowing the difference between 'pot', 'a dot', 'smack' or 'crack'; it still is – and that's how it should be.

But there is also a growing need for any responsible community drug service to have up-to-date information on the drug scenes in their areas. There have never been as many people using so many different kinds of drugs at such an early age. Unless drug services keep up with these trends they will only ever see those whose use has got out of hand and are suitable cases for 'treatment'. Early intervention is a pipe dream if you do

not know what is happening in your area.

It is high time we recognised the importance of talking about drugs with drug users and with those on the fringes of drug using circles. Useful quantitative data are available from the various drug misuse databases but these are based only on people already attending services. Invariably they report the situation as it was last year or, at best, last month.

---

## **What we are advocating is 'consumer advice'**

---

There is an urgent need for information on what was happening out in the community last weekend, or even last night. This kind of data can only be collected by people involved in local drug circles or who are

by

**Dudley Craig, Mark Gilman,  
Ciaran O'Hagan &  
Charlie Wright**

*Dudley Craig is a Development Worker at the Newham Drugs Advice Project, Mark Gilman is Lifeline's Prevention Development Officer, Ciaran O'Hagan is a research student and Charlie Wright is an outreach worker with Lifeline*

---

The assumption that drug use reflects personal or social problems has led to knowledge about drugs and drug use patterns being de-emphasised compared to therapeutic skills. However, there is a significant demand for informed 'consumer advice' from young people and their parents/friends who simply want answers to factual questions about drugs and drug use. To meet this demand, 'inside knowledge' of the local drug scene is needed, which could be gathered by volunteers either in or on the periphery of drug using circles.

---

comfortable in those circles. Having recognised the importance of such 'fresh' data, the next step is to decide how you get it and from whom.

This is where we come to the use of volunteers, an issue which has plagued the drugs field for many years. What can volunteers usefully do? How do we avoid using them as cheap labour? What do they get out of it in terms of career development? If there is a need for this sort of work, should it be done by paid staff? Can we afford to give them adequate training? If they are ex-users, how long must they have been 'ex' before we can let them loose on clients? And so on.

## **The volunteer solution**

These are valid concerns in drug services solely involved in treatment. But why not use volunteers in a different context – to meet our need for up-to-date intelligence on local drug scenes? These volunteers could be past or present members of particular drug using circles, research students, or drug workers with an interest in researching drug use patterns – in fact, anyone who knows about drugs and drug users.

The only qualifications needed are the ability to talk about drugs and to feel comfortable in drug using circles. We know there are a lot of people out there who fit the bill because we routinely draw on their experiences and knowledge for drug information materials. The challenge for the drugs field is whether we are prepared to find these people and give them the chance to get a piece of our action.

Drug services have for too long existed in a closeted, symbiotic relationship with very particular client groups, largely due to lack of resources. Volunteers could be used to break through this resource barrier and expand the service's work beyond these groups.

The first stage could be to use volunteers to collect information on local drug using patterns. Then the same volunteers could distribute information among these groups.

## Scenario 1 – the novice tripper

“My friends talk about strawberries and cabbages. What are they on about?”

A young woman phones to ask about 'trips': "All my friends are taking 'trips'. What are 'trips'? When my friends have taken them they get all silly and stupid. You can't talk to them, they just burst out laughing. I like my friends and I want to take a 'trip' with them. But they have all these different kinds. They talk about 'strawberries' and 'cabbages'. What are they on about? Which ones are the best if you haven't had one before? I have had 'whizz' before and I have had a couple of 'E's and I have a 'puff' regularly. I will be doing a trip soon, I know I will. But I am a bit wary. You hear of people having bad trips and going mad. What do you think?"

We can probe around the caller's previous drug experiences to assess whether these will prepare her for LSD. For example, if she has been 'puffing' strong cannabis such as 'sinsemilla' or 'skunk' while coming down from an 'E', she may already have had some mild psychedelic experiences and/or a little paranoia. We could also ask where her friends normally take their trips: in a club setting there is more chance of a bad trip than there is at someone's house with people you know.

Through our 'insider knowledge', we know there is a world of difference between a 'strawberry' and a 'cabbage': 'strawberries' are quite mild, 'cabbages' are very strong. It would not be wise to take a 'cabbage' as your first trip,

especially in a club. As one of our respondents told us, "Cabbages are strictly for camping out. You need that kind of space. They can get pretty wild!"

So our advice to this young woman might be: "If you are determined to do a trip, start with half a strawberry. If there are only cabbages about, start with a quarter". We would then remind her about the importance of 'set' and 'setting' and finish by asking her to let us know how she went on. If she did phone back we might try recruiting her as a potential volunteer.

## Scenario 2 – the puzzled parent

“I've found something in my son's bedroom. I think it's drugs. What can I do?”

A parent phones. In their child's bedroom they've found "a small piece of something that looks like liquorice wrapped in silver paper", and they fear the worst. "I think it might be drugs – what can I do?" Not surprisingly, they are worried. Parents tend to get their information about drugs from the media, which peddles variations on a simple message: **Drugs (rarely defined) = Addiction = Death.**

For drug workers who daily deal with heavy end cases of drug dependence, this kind of call is frustrating. What can you say? – "Have you tried talking to your kids?" "Well, it could be anything, it doesn't have to be

drugs." "It sounds like cannabis – nothing to worry about." One of the reasons why parents don't talk to their children about drugs is because they don't know where to start. It is hard enough talking to them about sex; how much harder to talk about something you know nothing, or very little, about – drugs.

When parents make these kinds of call they don't need an off the cuff remark telling them to talk to their kids. What they need is information. Is it likely that this is drugs? If it is, what kind of drug is it likely to be? What does it do? Is it addictive? Can they overdose on this? And so on.

If you can satisfy the parent that you know what you are talking about, then you can start to equip them with the knowledge they need before they can talk to their kids – "I was getting your

washing out of your bedroom and I found this lump of 'draw'/ 'puff/blow' in your jeans. How long have you been smoking cannabis?" The idea is to give the parent enough 'insider knowledge' to give them the confidence to broach the subject with their children.

Lifeline in Manchester have produced a booklet for parents called, *Everything you Wanted to Know About Cannabis but were Afraid to Ask your Kids – An Insider's Guide.*<sup>1</sup> This is the first in a range of 'insider guides' on various drugs for parents. The overwhelmingly positive response is an indication of parents' needs to know and understand modern drug use.

The third stage might be to train volunteers to take telephone and personal enquiries about drugs. The fourth could be to advertise this as a 'new' service for those who just want to know more about drugs – a service required by many people in the community, especially parents. See the panels for two examples of how this 'insider knowledge' can improve an agency's drug advice and information service.

What we are advocating is the development of a 'consumer advice' element to drug service provision based on 'insider knowledge' as well as the professional and academic literature, an element that responds to the demand for information

rather than for help with drug problems.

The need for such a service has become increasingly apparent. Over the last few years calls received by BBC Radio One's Drug Alert campaign have increasingly

**Early intervention is a pipe dream if you do not know what is happening in your area**

come from young people who just wanted to know about drugs, and had very specific questions they wanted answering.

Last January Lifeline in Manchester took calls following a BBC 2 youth programme on ecstasy. The programme finished at

7.30pm; all ten lines were then constantly engaged. Of the hundreds of calls, the vast majority were straightforward requests for consumer-style information. Many were callers from London and the Home Counties asking questions like, "What's the difference between a penguin and a dove?"

There is a demonstrable need for drug services to offer quality consumer advice to the thousands of young people experimenting with drugs, and to their families and friends. To do this we need regular contact with the people who have this information. They may not have any formal qualifications and may well be using illegal drugs – but what they do have is what we need and, more importantly, what the people want: information about drugs. ■

1. Available from Lifeline – phone 061 839 2054.